

DISTRICT OF NEW JERSEY

In re: Bed Bath & Beyond of Birmingham Inc.

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Case No. 23-13369

Debtor(s)

Lead Case No. 23-13359

Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 09/30/2024

Petition Date: 04/23/2023

Plan Confirmed Date: 09/14/2023

Plan Effective Date: 09/29/2023

This Post-confirmation Report relates to: Reorganized Debtor

Other Authorized Party or Entity: Bed Bath & Beyond of Birmingham Inc.
Name of Authorized Party or Entity

/s/ Bradford J. Sandler

Signature of Responsible Party

10/21/2024

Date

Bradford J. Sandler, Esq.

Printed Name of Responsible Party

Pachulski Stang Ziehl & Jones LLP
780 Third Avenue, 34th Floor
New York, NY 10017-2024
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

Part 2: Preconfirmation Professional Fees and Expenses

a.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor		Aggregate Total			
	Itemized Breakdown by Firm					
	i	Role				
	i		\$0	\$0	\$0	\$0
	ii					
	iii					
	iv					
	v					
	vi					
	vii					
	viii					
	ix					
	x					
	xi					
	xii					
	xiii					
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xcix						
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ci						

b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor	Aggregate Total	\$0	\$0	\$0	\$0
<i>Itemized Breakdown by Firm</i>						
	Firm Name	Role				
i			\$0	\$0	\$0	\$0
ii						
iii						
iv						
v						
vi						

vii							
viii							
ix							
x							
xi							
xii							
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c.	All professional fees and expenses (debtor & committees)		\$0	\$0	\$0	\$0

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Anticipated Payments Under Plan	Total		Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
		Paid	Current Quarter			
a. Administrative claims	\$0	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0	\$0	\$0	0%

Part 4: Questionnaire

a. Is this a final report?

Yes No

If yes, give date Final Decree was entered:

If no, give date when the application for Final Decree is anticipated:

12/31/2024

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

Yes No

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan.

Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Michael Goldberg

Signature of Responsible Party

Solely in his capacity as Plan Administrator

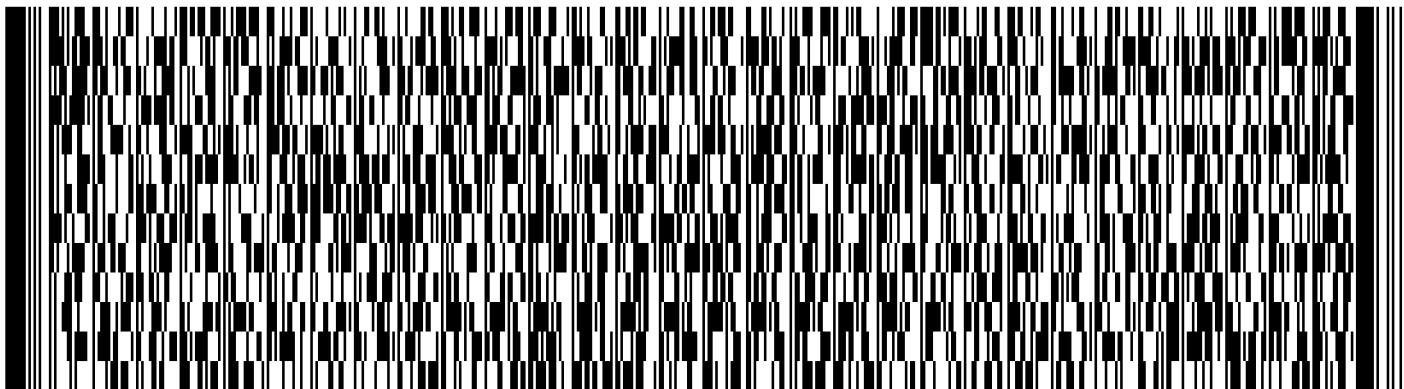
Title

Michael Goldberg, as Plan Administrator

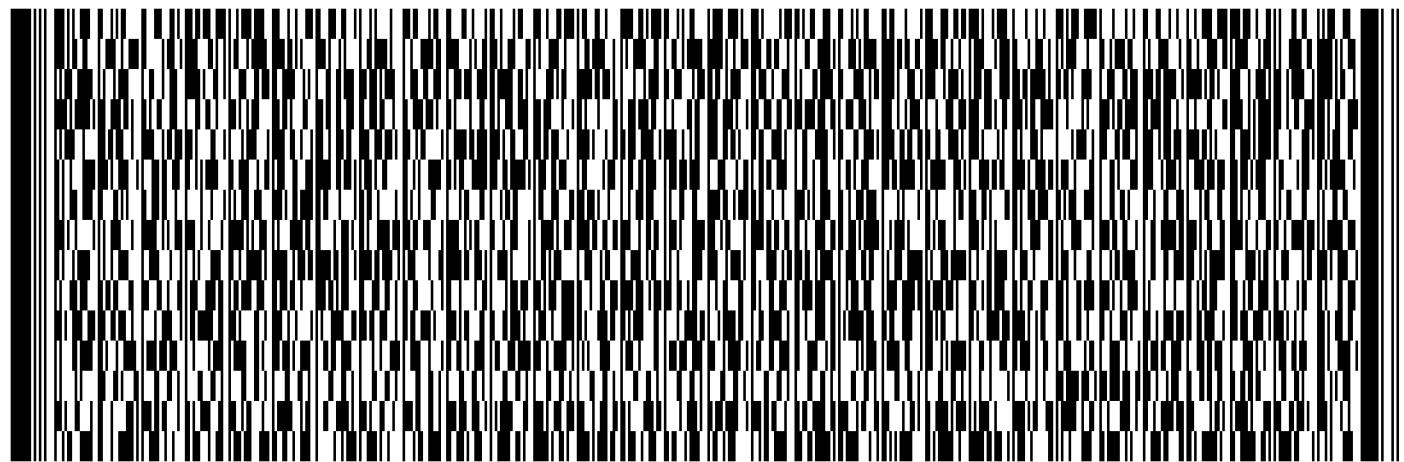
Printed Name of Responsible Party

10/21/2024

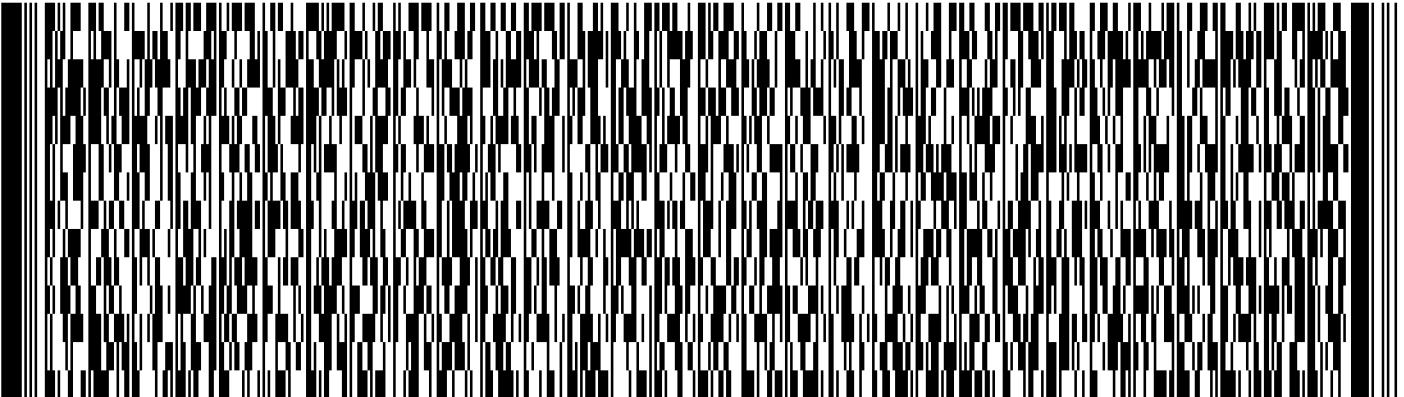
Date



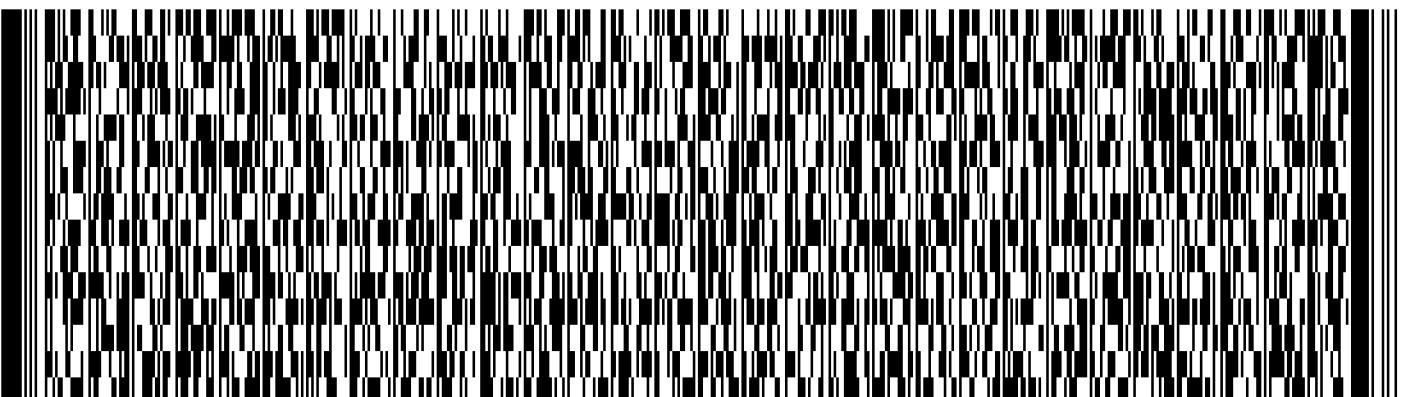
Page 1



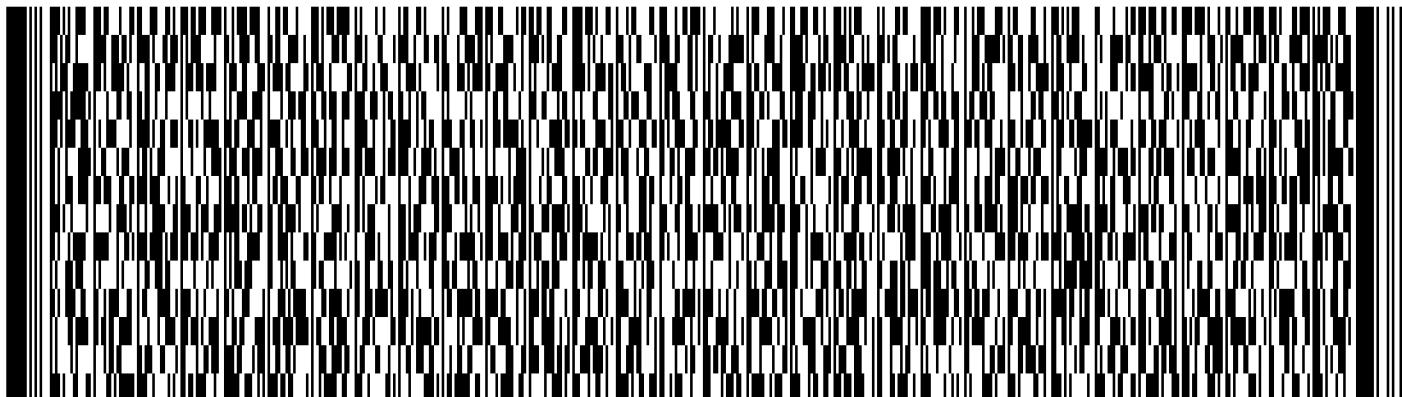
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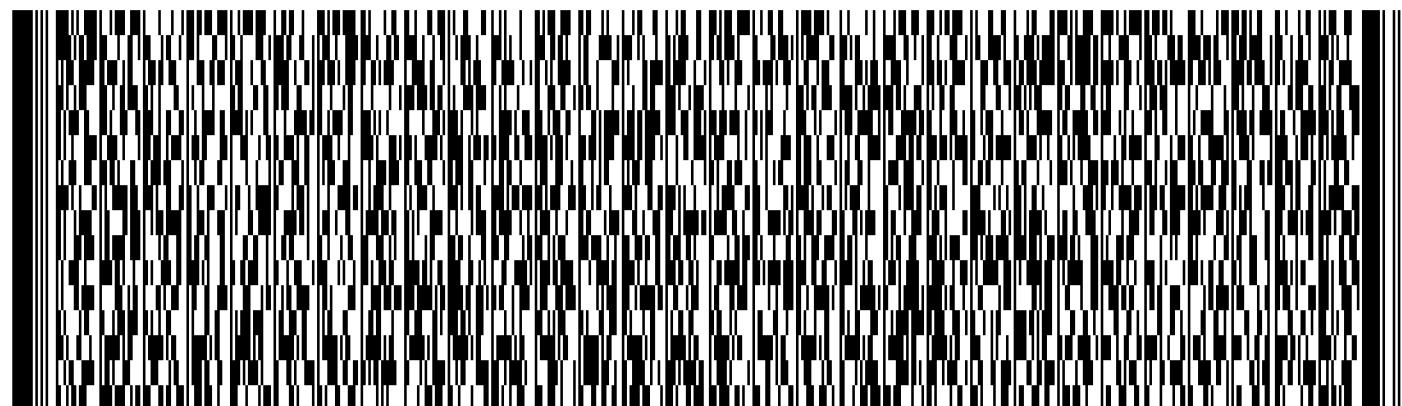
Page 2 Minus Tables



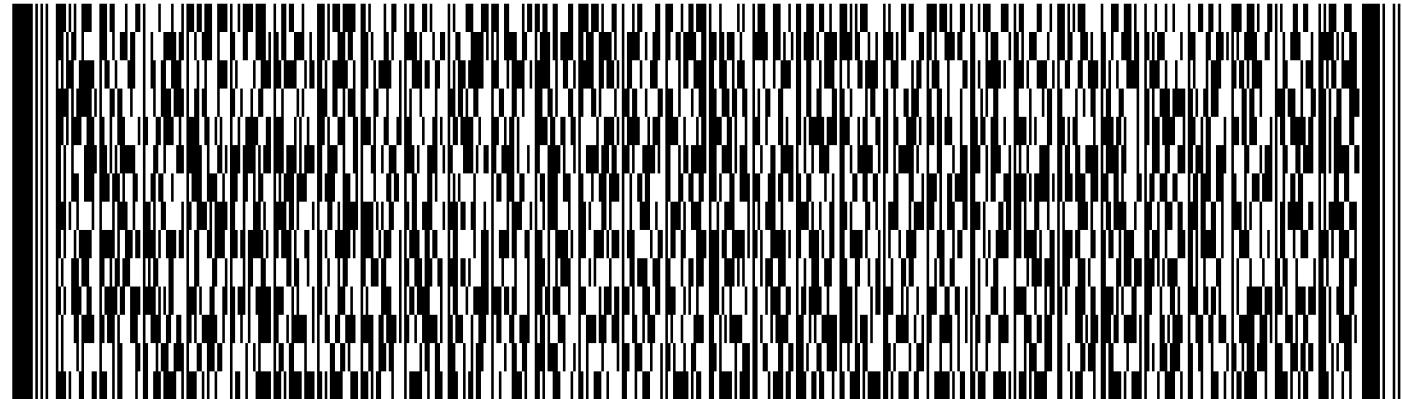
Bankruptcy Table 1-50



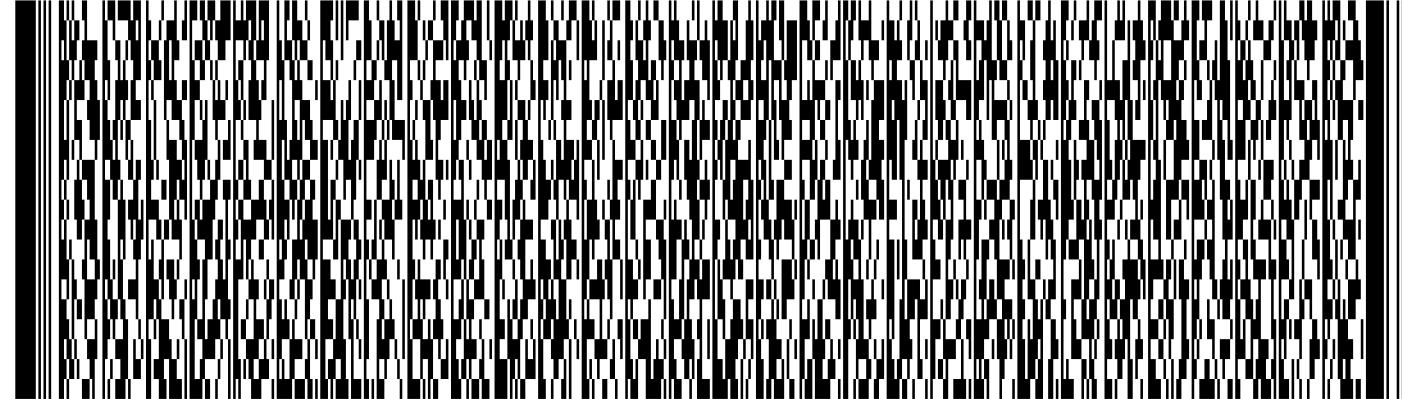
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



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